

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		FILED IN CLERKS OFFICE 2005 OCT -3 P 3:48 U.S. DISTRICT COURT DISTRICT OF MASS.		COURT CASE NUMBER 05-CR-10138-DPW	
DEFENDANT <b>Carmen Lopera, et. al.,</b>		TYPE OF PROCESS <b>PRELIMINARY ORDER OF FORFEITURE</b>			
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN \$50,000.00 United States Currency ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)				
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285		
Jennifer H. Zacks, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210			Number of parties to be served in this case		
			Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, Telephone Numbers, and Estimated Times Available For Service)					
Please seize and maintain custody and control over above named asset according to the attached Preliminary Order of Forfeiture and applicable law.					
CATS No. 05-DEA-453962			NES ext. 3280		
Signature of Attorney or other Originator requesting service on behalf of: 			<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER (617) 748-3100
					DATE 9/20/05
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>					
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>9/29/05</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).					
Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service <u>9/29/05</u>	Time _____ am _____ pm
				Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or
					Amount for Refund

REMARKS:

*In USMS Custody*

*(1)*

PRIOR EDITIONS MAY  
BE USED

**1. CLERK OF THE COURT**

FORM USM 285 (v. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT ☐ RECEIPT